

CLAIMS ONLY

Application Number

09/760,046

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend			
1	1						51		
2		X					52		
3							53		
4							54		
5		X					55		
6							56		
7							57		
8							58		
9							59		
10							60		
11							61		
12							62		
13							63		
14		X					64		
15							65		
16							66		
17							67		
18							68		
19							69		
20							70		
21							71		
22							72		
23							73		
24		X					74		
25							75		
26							76		
27							77		
28							78		
29							79		
30							80		
31							81		
32							82		
33		X					83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
Total Indep	1						Total Indep		
Total Depend	23						Total Depend		
Total Claims	24						Total Claims		